BEST AVAILABLE COPY

Application or Oocket Number

Effective October 1, 2000											911-	/
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER	
TC	TAL CLAIMS		3	Ü				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ı	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			∫ minus 3 =		٠ 2		ı	X40=	i		Xėo⇒	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT							OR		160
* If the difference in column 1 is less than zero, enter					"0" in c	olumo 2		+135=		OR	+270=	
•								TOTAL	<u> </u>	OR	TOTAL	1050
	C	(Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	. 30	Minus	5	0	-		X\$ 9=		OR	X\$18=	
	Independent	. 5	Minus	*** 6		-	l	X40=		OR	X80=	
	FIAST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	CLAIM	لللت		+135=		OR	+270=	
								TOYAL ODIT, FEE		OR	YOYAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											AUGN. PEC.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIN PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	. 30	Minus	3	0	* _	П	X\$ 9=		OR	X\$18=	
	Independent	. 5	Minus	***	5	. –		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+135=		OR	+270=	
							_	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVX PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•	euniM	••		•		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***		•	I	X40=		OR	X80=	
	FIRST PRESE	1	+135=									
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
		ber Previously Pai					r tour	d in the app	propriate box	in col	umn 1.	
OFFI	PTOATS										ADTHENT OF	

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